



Limited Warranty Registration & Start-Up Sheet

This sheet is required to be filled out completely to receive the Extended Parts and Labor Limited Warranty.			Start-Up Date:
Installing Company Name:	Installing Company Contact Name:	Installing Company Phone:	
Homeowner Name:	Homeowner Address, City, State & Zip:		
Geothermal Application: <input type="checkbox"/> Forced Air <input type="checkbox"/> Hydronic	Geo Model #:	Geo Serial #:	
Blower or Furnace: <input type="checkbox"/> Blower <input type="checkbox"/> Furnace	Brand:	Blower or Furnace Model #:	Blower or Furnace Serial #:
Coil Brand:	Coil Tonnage:	Coil Model #:	Coil Serial #:

Hydronic/Domestic Water Module:	Model #:
Hybrid Cooling Module:	Model #:
Desuperheater:	Model #:
Cathodic Protection System:	Model #:
Wall Thermostat:	Model #:

System Evacuation	
System held 400 microns for 2 min. with Vacuum Pump	
OFF & ISOLATED?	YES NO
Refrigerant Type	
System Charge	_____ lbs. _____ oz.

Outdoor Temp	
	Heating Cooling
Discharge Pressure	
Discharge Line Temp @ Comp	

Refrigerant Level in Accumulator Sightglass			
Heating	Bottom Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Middle Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Top Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full
Cooling	Bottom Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Middle Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	Top Glass <input type="checkbox"/> 1/2 <input type="checkbox"/> Full

	1 Phase L1\L2	3 Phase L2 L3	
Volts			
Amps			

Back of Unit	Heating	Cooling
Temp of Big Line to Loop		
Temp of Small Line to Loop		

Back of Unit	Heating	Cooling
Temp of Little Line to Coil		
Temp of Big Line to Coil		
Suction Pressure		

New Construction Installation

Replacement Existing Non-DX system

Replacement Existing DX system
(does not qualify for extended warranty)

Brand: _____

	Heating	Cooling
Return Air or Water In Temp		
Supply Air or Water Out Temp		
Indoor Delta T		

Static Pressure	
All Zones Open	_____ in.wc
Zone 1 Open Only	_____ in.wc
Zone 2 Open Only	_____ in.wc
Zone 3 Open Only	_____ in.wc

These readings are REQUIRED to qualify for the Extended Parts & Labor Limited Warranty.

See the Warranty Summary Sheet for details.

Rated Blower CFM	
Blower Speed Setting (Cooling)	
External Static Pressure (ESP)*	

Technician Name (print): _____

Technician Signature: _____

* Reading with probe in supply & return duct at same time (requires 2 probe manometer).

	Lineset Sizes	Length	Rise or Drop
From Ground Loop to Enter House			
Entry to Compressor			
From Compressor to Air Handler			<input type="checkbox"/> Rise <input type="checkbox"/> Drop _____ ft.

Installing Contractor: EMAIL FORM

Submit this form directly to EarthLinked using one of these methods:
 Fax 1-863-701-7796
 Email: StartUp@EarthLinked.com
 Online form at www.earthlinked.com/dealers/warranty

**** If this Start-Up Sheet is not submitted within 60 days after the install date, the equipment warranty reverts to 2 year parts and labor. ****